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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	TOT CLAIMS	IND CLAIMS
10/578,672	05/09/2006	1645	1100	3665-178	11	4

**CONFIRMATION NO. 9794**

23117  
NIXON & VANDERHYE, PC  
901 NORTH GLEBE ROAD, 11TH FLOOR  
ARLINGTON, VA 22203

**FILING RECEIPT**

Date Mailed: 09/11/2007

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections**

**Applicant(s)**

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**Power of Attorney:** The patent practitioners associated with Customer Number 23117

**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/FR04/02892 11/10/2004

**Foreign Applications**

FRANCE 0313275 11/13/2003  
FRANCE 0314486 12/10/2003

**If Required, Foreign Filing License Granted:** 09/07/2007

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is  
**US10/578,672**

**Projected Publication Date:** 12/20/2007

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

Identification of Diagnostic Markers for Communicable Subacute Spongiform

**Preliminary Class**

435

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